

February 10, 2012

Montana Health Care Programs Notice Physician, Mid-Level Practitioners, and Pharmacy

New Medications under Prior Authorization and the Authorization Criteria

Effective February 6, 2012

- Cialis® Tadafil
- Indicated and Medicaid approval allowed for: Benign Prostatic Hyperplasia
- Criteria for approval:
 - Patient must have diagnosis of benign prostatic hyperplasia;
 - Must have tried 3 other drugs approved for BPH;
 - Must not have history of erectile dysfunction;
 - Patient must be male and not have diagnosis of hypotension;
 - Patient must not be taking nitrates.

Silenor® Doxepin

- o Indicated for sleep
- o Prior approval only for patients who have tried and cannot tolerate Doxepin (10mg capsules, 10mg/ml liquid, etc.)
- o Patient must have tried one of the preferred agents in this class or have a contraindication to their use.
- o Maximum of 15 tablet initial fill
- Dose is limited to one tablet daily

Metozolv® ODT Metoclopramide

- o Patient must be 18 years old
- Patient must have tried oral tablets or liquid generic metoclopramide and have a reason they could not use another preferred agent

Onfi®

- Diagnosis of Lennox-Gastaut syndrome
- Age greater than or equal to 2 years old
- Maximum of 40mg daily

• Krystexxa®

Patient is at least 18 years of age

- Medication is prescribed by a rheumatologist (or has a documented consult)
- Baseline serum uric Acid level is greater than 8m/dl
- Patient has a documented contraindication, intolerance to, or failure after at least a 90 day course of allopurinol AND febuxostat (Uloric)
- Patient has symptomatic gout with one or more of the following:
- Three or more flares in the past 18 months
- Presence of one or more tophi
- Chronic gouty arthritis
- If the above criteria are met, initial authorization will be limited to 3 months; Documentation from progress notes describing positive response to treatment and lack of serious side effects will be required;
- Reauthorization will not be granted if patient has more than 2 serum uric acid levels over 6 mg/dl after initiation.
- Maximum allowed dose will be 8mg every 14 days.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958 Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

http://medicaidprovider.hhs.mt.gov